OVERDOSE RESPONSE PROGRAM

FY15 REPORT

September 1, 2015

SUMMARY

Fiscal year (FY) 2015 saw the first full year of operation for the Overdose Response Program. Under the direction of the Department of Health and Mental Hygiene (DHMH) Behavioral Health Administration's (BHA) Overdose Prevention Office, the Overdose Response Program (ORP) authorizes organizations to train and certify qualified individuals most likely to be able to assist someone experiencing an opioid overdose to carry and administer naloxone, an opioid antagonist used to reverse an opioid overdose. More information on the ORP is available on the BHA website: http://bha.dhmh.maryland.gov/NALOXONE/SitePages/Home.aspx

At the close of FY15, **37** organizations were authorized to provide training as local overdose response programs; **7,254** people were trained in how to respond to an opioid overdose; and **6,279** doses of naloxone were dispensed at the time of training. BHA received reports of **131** administrations of naloxone in the community.

PROGRAM STRUCTURE

Of the **37** authorized ORPs, 35 actively provided overdose education training during FY15[1]. Twenty-four (24) are operated by local health departments (LHD), 1 is operated by a nonprofit organization that serves as the local addictions authority, 3 are substance use disorder treatment programs, 3 are community-based organizations, 3 are law enforcement/public safety organizations, and 1 is a community-based healthcare provider. In FY15,

- 53% of ORPs held consistent, regularly scheduled trainings
- 53% of ORPs accommodated "walk-ins" or unscheduled training requests
- 69% of trainings held were *free and open to the public*

Trainings took place in a variety of settings, including,

- Local health departments
- Residential substance use disorder treatment programs
- Community centers
- Medication assisted treatment programs
- Detention centers
- Homeless shelters
- Hospitals
- Syringe exchange programs
- Primary care clinics

[1] Data obtained as part of required monthly reporting by ORPs to BHA.

While the ideal overdose prevention program model is a 'one-stop-shop' where participants receive overdose education, certification, and naloxone at the time of training, many other factors, such as funding and prescriber availability, determine the model an ORP may employ. As displayed in Figure 1, in FY15, 5 ORPs provided only training and certification, 14 provided a prescription along with the certification, 12 dispensed naloxone at the time of training, and 6 others provided certified trainees with a voucher to cover the cost of naloxone at a partner pharmacy.

Figure 1: ORP Program Structure[2]

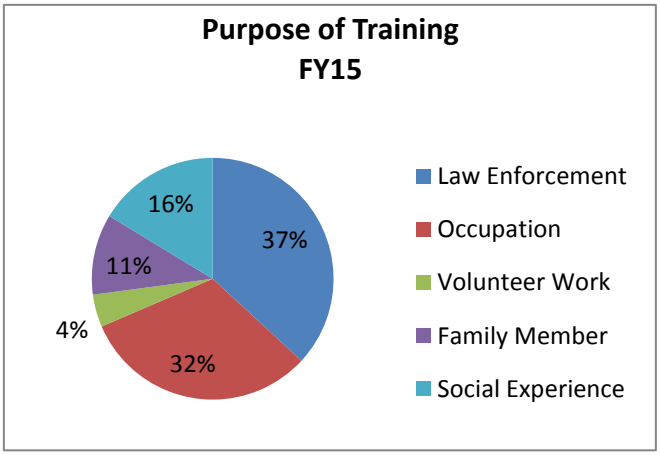
ORP Training Attendees receive:	Certificate	Prescription	Naloxone Kit	Payment Voucher for Naloxone
a certificate ONLY	**X (5 ORPs)**			
a certificate and a prescription for naloxone (to be filled using personal insurance)	**X**	**X (14 ORPs)**		
a certificate, a prescription for naloxone and a naloxone kit	**X**	**X**	**X (12 ORPs)**	
a certificate, a prescription for naloxone and a voucher to obtain a kit from a partner pharmacy	**X**	**X**		**X (6 ORPs)**

TRAINING

During FY15, ORPs collectively trained **7, 254 people,** and issued **6,962 certificates.** Priority populations for targeted outreach included family members, friends and associates of people who use opioids, treatment program and transitional housing staff, and law enforcement officers.

Trainees self-report eligibility for training. Someone may be likely to witness an overdose because of their social experience, family situation, occupation, volunteer position, or in their role as a law enforcement officer.

Figure 2: Trainees self-reported purpose for attending ORP training[3]



[2] In March 2015, BHA conducted a survey of all ORPs using Survey Monkey. The survey collected information on program administrative processes, training, naloxone purchasing and dispensing, as well as any challenges overcome by ORPs. Information from this survey informed Figure 1.

[3] Data obtained as part of required monthly reporting by ORPs to BHA.

Thirty-eight percent (38%) of ORP trainees chose not to disclose their age or sex. Of the remaining trainees, approximately half were male and half female. Most of the trainees were between the ages of 45-54 and 25-34.

Figure 3: Sex self-reported by ORP Trainees[4]

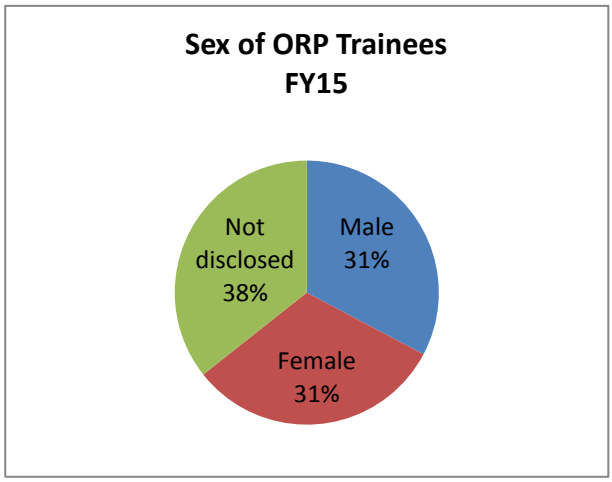
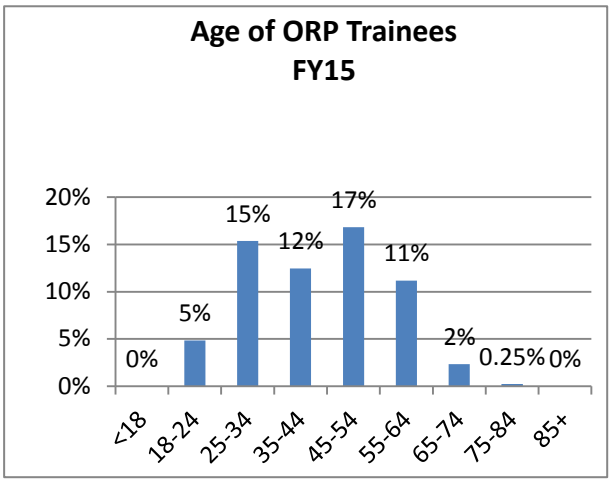


Figure 4: Age self-reported by ORP Trainees[4]



Naloxone Distribution

During FY15, ORPs dispensed **6,279** doses of naloxone. Most ORPs provided Amphastar's pre-filled naloxone syringe for intranasal administration with a mucosal atomization device (MAD).

Of the ORPs that purchased naloxone and related supplies[5],

- 32% purchased from a third-party supplier (e.g. a wholesaler or buying cooperative)
- 32% purchased through a local pharmacy
- 12% purchased directly from the manufacturer
- 12% purchased through a local hospital
- 4% purchased through a local EMS provider
- 4% ordered through substance use disorder treatment program

Naloxone is provided in a 'kit,' typically a zip-lock bag or nylon pouch, containing complementary supplies. Of the ORPs dispensing naloxone or providing vouchers redeemable at a partner pharmacy[5],

- 82% provide carrying bags
- 79% include breathing shields
- 71% include latex gloves
- 43% include alcohol swabs (typical for intramuscular administration)

Naloxone Administrations

During FY15, **131** administrations of Naloxone were reported to BHA. Law enforcement personnel accounted for 83 of the 131 administrations.

[4] Data obtained as part of required monthly reporting by ORPs to BHA.
[5] Data obtained from BHA survey of ORPs in March 2015.

Reporting use of naloxone is optional. ORPs encourage certificate holders to notify the Maryland Poison Center in the event of a naloxone administration, which is organized to track these reports and relay collected data to BHA, although administrations are also often reported to the training program directly, typically when certificate holders return for a naloxone refill. In those occurrences, ORPs record the information in a standardized form that is sent to BHA.

CHALLENGES

While ORPs successfully trained many individuals, got naloxone into the hands of people that need it, and saw the impact of their efforts through reported naloxone administrations, there are a number of barriers that prevent ORPs from achieving full training potential that are actively being overcome locally and by DHMH. These include,

- Time related to administrative processes such as trainee registration, certificate issuance, and dispensing protocols
- Length of required ORP training and lack of training for ORP trainers
- Recruitment of community members for training
- Cost of naloxone and administration supplies
- The collection of reports of naloxone administrations

MOVING FORWARD

The program must remain flexible to adapt to the dynamic public health problem of opioid use and overdose. DHMH plans to make the ORP more efficient and improve the capacity of local programs to provide multiple training and distribution models, reflecting the varied settings in which overdose education and naloxone dispensing can take place. BHA is continuing to provide funding to local addictions authorities to support program operations and expansion.

Community outreach about the ORP, naloxone, and overdose prevention generally will continue into FY16 and will be aimed at expanding the reach of this program. BHA provides continuing education units for professionals such as social workers, psychiatrists, and peer recovery coaches that complete ORP training. Promotion of training to these professionals who interact with people at risk of overdose will enable them to be prepared in the event of an overdose and to also pass knowledge about the program along to clients. Moreover, DHMH continues to support education of physicians regarding safe prescribing practices, co-prescribing naloxone with opioids, and the use of the Prescription Drug Monitoring Program to address patient overdose risk.

In FY16, significant legislative changes[6] will improve program function. Most notable is the authority of physicians and advanced practice nurses with prescribing authority to establish standing orders for dispensing of naloxone to ORP certificate holders. This will decrease costs of having a prescriber onsite at the time of training and support expansion of the one-stop-shop model. Moreover, the legislation now allows for the inclusion of pharmacists as supervisors of ORPs and made explicit civil immunity for those that prescribe, dispense, and administer naloxone. DHMH also plans to improve training of ORP trainers in FY16 to allow for greater flexibility in training length and setting.

DHMH is committed to expanding the ORP's reach and impact in FY16, with an even greater focus on people at risk of overdose and their loved ones.

[6] These changes passed during Maryland's 2015 legislative session and will go into effect on October 1, 2015. The bill, SB516, can be viewed online: http://mgaleg.maryland.gov/2015RS/bills/sb/sb0516E.pdf